

Filli	n this information to identify your ca	se:	是 型板 () () ()							
Deb	tor 1 Wilson Santi	-								
	tor 2				=					
Unit	ed States Bankruptcy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA		_					
Cas	e number 19-16046				Check if this is:					
(If known)					☐ An amended filing ☐ A supplement showing postpetition chapter					
						13 income as				
Of	ficial Form 106I					MM / DD/ YYYY				
Sc	chedule I: Your Inco	ome							/15	
	by complete and accurate as possiblying correct information. If you use, if you are separated and you that a separate sheet to this form. Describe Employment	r engues je not filing wi	th you do not includ	ie intorn	natioi	i about vour Spot	156. II 11101	e space is necucu	ł, ion.	
1.	Fill in your employment information.		Debtor 1			Debtor 2	Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional.		■ Employed			☐ Emplo	☐ Employed			
		Employment status	☐ Not employed		☐ Not en	☐ Not employed				
	employers.	Occupation	Supply Cahin							
	Include part-time, seasonal, or self-employed work.	Employer's name	Thomas Jefferson Hospital							
	Occupation may include student or homemaker, if it applies.	Employer's address	111 S. 11th Stree Philadelphia, PA							
		How long employed t	here? 20							
Par	t 2: Give Details About Mor	nthly Income								
spot	mate monthly income as of the duse unless you are separated.									
If yo	u or your non-filing spouse have m e space, attach a separate sheet to	ore than one employer, co this form.	ombine the information	n for all e	emplo	yers for that perso	n on the lir	es below. If you ne	ed	
	121 -					For Debtor 1	For Dek non-filli	otor 2 or ng spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the month	pefore all payroll ly wage would be.	2.	\$	4,393.48	\$	N/A		
3.	Estimate and list monthly over	ime pay.		3.	+\$	0.00	+\$	N/A		
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	4,393.48	\$	N/A_		

Debtor 1 Wilson Santiago, Jr.				Case number (if known)		19-16046			
A Y				For	Debtor 1		Debtor 2 or filling spouse		
(Copy	y line 4 here	4.	\$	4,393.48	\$	N/A		
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	611.07	\$	N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A		
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A		
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A		
	5e.	Insurance	5e.	\$	173.33	\$	N/A		
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A		
	5g.	Union dues	5g.	\$	116.35	\$	N/A		
	5h.	Other deductions. Specify: employee parking	5h.+	\$	216.00	+ \$	N/A		
		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,116.75	\$	N/A		
		culate total monthly take-home pay. Subtract line 6 from line 4.	7	\$	3,276.73	\$	N/A		
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			4				
		monthly net income.	8a.	\$	0.00	\$	N/A		
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A		
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A		
	8e.	Social Security	8e.	\$	0.00	\$	N/A		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. 8g.	\$_ \$	0.00	\$ \$	N/A N/A		
	8g.	Pension or retirement income	8h.:	-	0.00	-	N/A		
	8h.	Other monthly income. Specify:	- 011		0.00		1477	-	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h	9.	\$_	0.00	\$_	N/A		
		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	S	3,276.73 + \$		N/A = \$	3,276.73	
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.	2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies							3,276.73	
	#						Combin		
4.5	_		2				monthl	y income	
13.	Do	you expect an increase or decrease within the year after you file this form No.	· f						
		Yes. Explain:							